

AFFIDAVIT OF RESIDENCY

Name: _____

Address: _____

City, State, ZIP: _____

Date: _____

I, _____, formally acknowledge living at the street address of _____ since _____.

I swear and affirm under penalty of perjury that the facts set forth in this statement are true and accurate.

State of _____
County of _____

Subscribed and sworn to (or affirmed) before me on this ____ of _____, _____, by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

Signature: _____ (Seal)

My Commission Expires: _____